

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████

Appellant.

\_\_\_\_\_ /

Docket No. 2014-2094 HHS

Case No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ and ██████████ (Representative) appeared and offered testimony on the Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW) appeared as a witness for the Department.

**ISSUE**

Did the Department properly determine the Appellant's Home Help Services (HHS) hours?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a Medicaid beneficiary, who has been diagnosed diabetes, hypertension, severe arthritis, neuropathy, depression and psoriasis. (Exhibit A, p 14)
2. On ██████████, Doctor ██████████, completed a Medical Needs form (54A). On the form, ██████████ indicated the Appellant only needed assistance with dressing, mobility, taking medications, meal preparation, shopping, laundry and housework. (Exhibit A, p. 19)
3. On ██████████, the completed 54A was submitted to the Department. (Exhibit A, p. 19)
4. On ██████████, the ASW conducted an in-person assessment at the Appellant's home. The Appellant, Appellant's daughter and a representative of the provider participated in the assessment. The ASW covered all Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) with those in attendance. The Appellant and the

Appellant's daughter indicated the Appellant was unable to do any task by herself. (Exhibit A, p. 12)

5. On ██████████, the ASW called Dr. ██████████ office to clear up the inconsistent information between what was provided at the assessment and the information on the 54A. Dr. ██████████ office reiterated the Appellant only needed assistance with dressing, mobility, taking medications, meal preparation, shopping, laundry and housework. (Testimony)
6. Between ██████████ and ██████████, the ASW contacted the Appellant and the Appellant's daughter by telephone. The ASW asked the Appellant and the Appellant's daughter how many days a week the provider came to the home to provide care. The Appellant's daughter indicated the Provider came to the home 3 days a week. (Testimony)
7. On ██████████, the ASW sent the Appellant notification indicating the Appellant was approved for HHS. (Exhibit A, pp. 10, 11)
8. Prior to ██████████, the Appellant's case was transferred from the ASW to another case worker. (Testimony)
9. On ██████████, the Appellant's daughter contacted the ASW and asked for additional days and hours. The ASW told the Appellant's daughter the case had been transferred to a different case worker. (Testimony)
10. On ██████████, the Appellant filed a request for hearing with the Michigan Administrative Hearings System (MAHS). (Exhibit 1)

### **CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

HHS are provided to enable functionally limited individuals to live independently and receive care in the least restrictive, preferred settings. These activities must be certified by a physician and may be provided by individuals or by private or public agencies.

Adult Services Manual (ASM) 101, 11-1-11, addresses HHS payments:

#### **Payment Services Home Help**

Home help services are non-specialized personal care service activities provided under the independent living

services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

*Adult Services Manual (ASM) 101,  
11-1-2011, Page 1 of 4.*

Adult Services Manual (ASM) 105, 11-1-11, addresses HHS eligibility requirements:

### **Requirements**

Home help eligibility requirements include all of the following:

- Medicaid eligibility.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment (DHS-324) indicating a functional limitation of level 3 or greater for activities of daily living (ADL).
- Appropriate Level of Care (LOC) status.

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### **Necessity For Service**

The adult services specialist is responsible for determining the necessity and level of need for home help services based on:

- Client choice.
- A completed DHS-324, Adult Services Comprehensive Assessment. An individual must be assessed with at least one activity of daily living (ADL) in order to be eligible to receive home help services.

**Note:** If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services.

**Example:** Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would

be eligible to receive assistance with IADL's if the assessment determines a need at a level 3 or greater.

- Verification of the client's medical need by a Medicaid enrolled medical professional via the DHS-54A. The client is responsible for obtaining the medical certification of need; see ASM 115, Adult Services Requirements.

*Adult Services Manual (ASM) 105,*  
11-1-2011, Pages 1-3 of 3

Adult Services Manual (ASM 120, 5-1-2012), pages 1-4 of 5 addresses the adult services comprehensive assessment:

## **INTRODUCTION**

The DHS-324, Adult Services Comprehensive Assessment is the primary tool for determining need for services. The comprehensive assessment must be completed on **all open independent living services cases**. ASCAP, the automated workload management system, provides the format for the comprehensive assessment and all information will be entered on the computer program.

## **Requirements**

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.
- A face-to-face contact is required with the client in his/her place of residence.
- The assessment may also include an interview with the individual who will be providing home help services.
- A new face-to-face assessment is required if there is a request for an increase in services before payment is authorized.
- A face-to-face assessment is required on all transfer-in cases before a payment is authorized.
- The assessment must be updated as often as necessary, but minimally at the six month review and annual redetermination.
- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department record.

- Use the DHS-27, Authorization to Release Information, when requesting client information from another agency.
- Use the DHS-1555, Authorization to Release Protected Health Information, if requesting additional medical documentation; see RFF 1555. The form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion APS cases, see SRM 131 Confidentiality.

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### **Functional Assessment**

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the home help services payment.

Conduct a functional assessment to determine the client's ability to perform the following activities:

#### Activities of Daily Living (ADL)

- Eating.
- Toileting.
- Bathing.
- Grooming.
- Dressing.
- Transferring.
- Mobility.

#### Instrumental Activities of Daily Living (IADL)

- Taking Medication.
- Meal Preparation and cleanup.
- Shopping.
- Laundry.
- Light Housework.

#### Functional Scale

ADLs and IADLs are assessed according to the following five-point scale:

1. Independent.

- Performs the activity safely with no human assistance.
2. Verbal Assistance.  
Performs the activity with verbal assistance such as reminding, guiding or encouraging.
  3. Some Human Assistance.  
Performs the activity with some direct physical assistance and/or assistive technology.
  4. Much Human Assistance.  
Performs the activity with a great deal of human assistance and/or assistive technology.
  5. Dependent.  
Does not perform the activity even with human assistance and/or assistive technology.

Home help payments may only be authorized for needs assessed at the 3 level ranking or greater.

An individual must be assessed with at least one activity of daily living in order to be eligible to receive home help services.

**Note:** If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services.

**Example:** Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADLs if the assessment determined a need at a level 3 or greater.

See ASM 121, Functional Assessment Definitions and Ranks for a description of the rankings for activities of daily living and instrumental activities of daily living.

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### **Time and Task**

The specialist will allocate time for each task assessed a rank of 3 or higher, based on interviews with the client and provider, observation of the client's abilities and use of the reasonable time schedule (RTS) as a **guide**. The RTS can be found in ASCAP under the Payment module, Time and Task screen. When hours exceed the RTS rationale **must** be provided.

An assessment of need, at a ranking of 3 or higher, does not automatically guarantee the maximum allotted time allowed by the reasonable time schedule (RTS). **The specialist must assess each task according to the actual time required for its completion.**

**Example:** A client needs assistance with cutting up food. The specialist would only pay for the time required to cut the food and not the full amount of time allotted under the RTS for eating.

#### IADL Maximum Allowable Hours

There are monthly maximum hour limits on all instrumental activities of daily living except medication. The limits are as follows:

- Five hours/month for shopping
- Six hours/month for light housework
- Seven hours/month for laundry
- 25 hours/month for meal preparation

#### Proration of IADLs

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client.

**Note:** This does not include situations where others live in adjoining apartments/flats or in a separate home on shared property and there is no shared, common living area.

In shared living arrangements, where it can be **clearly** documented that IADLs for the eligible client are completed separately from others in the home, hours for IADLs do not need to be prorated.

**Example:** Client has special dietary needs and meals are prepared separately; client is incontinent of bowel and/or bladder and laundry is completed separately; client's shopping is completed separately due to special dietary needs and food is purchased from specialty stores; etc.

In this case, the ASW allotted hours for tasks the Appellant's treating physician indicated the Appellant didn't need assistance with. Additionally, the ASW allotted only three days for several of the tasks. The ASW testified she made this decision based off of the responses the Appellant and the Appellant's daughter provided during a phone call that took place after the assessment and based upon responses to questions during the assessment as well as the submitted 54A.

Appellant's Provider testified that the hours allotted were not enough to meet the Appellant's needs and that the Appellant's condition has not changed since the assessment was conducted. The Provider indicated an attempt was made on [REDACTED] to notify the Department that additional days were needed. The attempt however was placed with intake personnel and not with the Appellant's assigned case worker. Furthermore, there was no indication that an attempt was ever made to notify the current case worker that additional days needed to be assigned. And lastly, there was very little testimony as to how or why the allotted time was insufficient.

Based on the evidence presented, Appellant has failed to prove, by a preponderance of the evidence, that she requires more HHS than she was approved for. At the time of the assessment, the Provider was providing services only 3 days a week. Policy only allows for the actual services that are provided by the Provider to be covered, and furthermore only allows payment to the Provider. Therefore, I find the Department's ASW properly calculated Appellant's HHS based on the interview with the Appellant and Provider, observations of the Appellant's abilities, policy, and based upon the information provided by Appellant during the phone call.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined the Appellant's HHS hours.

**IT IS THEREFORE ORDERED THAT:**

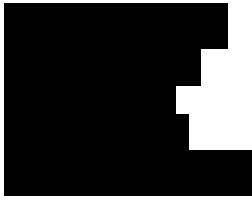
The Department's decision is AFFIRMED.

/s/ \_\_\_\_\_

Corey A. Arendt  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

**Docket No. 2014-2094 HHS  
Decision and Order**

cc:



Date Signed: 12/3/2013

Date Mailed: 12/3/2013

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant March appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.